

# Health & Human Services

Richard J. Burton, M.D., M.P.H., Director

## MISSION STATEMENT

Placing people first, the Health and Human Services Department provides a unified system of quality services to safeguard the health and well-being of the people in our communities. To realize our vision, we will strive to keep Placer County citizens safe, healthy, at home or work, succeeding in school or work, out of trouble and self-sufficient.

Appropriations	Budget 2003-04	Position Allocations	Recommended 2004-05	Position Allocations
Adult System of Care	\$ 21,836,006	155	\$ 20,888,292	155
Children's System of Care	24,199,968	239	24,720,292	239
Community Health	6,317,866	80	6,121,253	80
Domestic Animal Control	1,776,205	24	2,197,709	24
Environmental Health	3,686,690	41	3,972,357	41
Client & Program Aid	26,350,796	0	26,238,934	0
Human Services	19,961,072	166	19,920,086	166
Housing Assistance	1,436,835	4	1,685,694	4
Community Clinics (Enterprise Fund)	5,827,688	53	5,568,302	53
Managed Care (Enterprise Fund)	4,458,601	36	4,219,861	36
Administration/Management Information Systems	788,342	58	957,181	58
Total:	\$ 116,640,069	856	\$ 116,489,961	856

## CORE FUNCTIONS

### Adult System of Care (ASOC)

Partners with agencies in Placer County to assist adults and older adults to achieve their optimal levels of self-sufficiency and independence by providing a full spectrum of mental health services, substance-abuse treatment and in-home support services. This treatment continuum includes therapeutic intervention, case management, crisis intervention, skill development, medication services and employment services. In addition, disabled and dependent adults as well as those in crisis are protected through services in locked and unlocked inpatient and residential-treatment programs. Older and dependent adults are also protected through investigations, case management and the conservatorship process as necessary.

### Children's System of Care (CSOC)

Provides a full spectrum of care and support services for children, families and adults. This includes 24-hour crisis response and investigation to ensure the health and safety of children at risk of abuse, neglect or molestation; evaluations for individuals experiencing psychiatric emergencies; parenting support; foster and probation youth services; adoptions; outpatient and residential-treatment services. CSOC provides both policy guidance and services as an integrated interagency system comprised of Child Welfare, Mental Health, Substance Abuse, Public Health, Probation and Education.

### Human Services

Conducts and provides eligibility determinations for financial, medical/health, housing, food or other county temporary assistance programs, employment services such as job readiness and job search skills, counseling, support services to enable participants to become and remain employed. Human Services also works collaboratively with other community agencies to provide services that assist in overcoming barriers to employment and achieving self-sufficiency.

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## Client & Program Aid

Provides financial, housing, food, medical and other assistance to qualifying clients as necessary, pays the County share of social service placements and provides payments for the programs associated with services residing in other Health and Human Services' (HHS) budgets.

## Housing Assistance

Provides housing vouchers to low-income individuals through the Section 8 Housing Choice Voucher (HCV) Program.

## Community Health

Serves all people of Placer County by protecting health; preventing disease, injury, premature death and disability; promoting healthy lifestyles, behaviors and environments; controlling communicable diseases; enforcing laws and regulations that protect health and ensure safety; and preparing for and responding to disasters, disease outbreaks, epidemics and bioterrorism.

## Environmental Health

Uses regulatory and educational tools to ensure quality public health services such as consumer protection, land use, water resources, hazardous materials and solid waste management to prevent disease and injury and minimize environmental health hazards.

## Domestic Animal Control

Serves the citizens and animals of Placer County through active animal care and control programs, including rabies prevention, enforcement of the County animal control ordinance, and enforcement of the state's humane laws that protect animals from neglect and cruelty.

## Community Clinics (Enterprise Fund)

Provides primary outpatient care, including medical, dental and pharmacy services for Medically Indigent Adults (MIA), Medi-Cal beneficiaries, and Medicare-eligible patients, as well as children in the Child Health and Disability Prevention Program (CHDP) who require treatment. Additionally, the clinics provide community-health clinical activities related to women's health, child health, employee health and prevention and the control of communicable disease.

## Managed Care (Enterprise Fund)

Provides access to high-quality health services while containing costs. The main focus of these programs is to keep people healthy through prevention-based primary medical care, while at the same time assuring access to the right treatment, in the right setting, by the right provider, when treatment or other intervention proves necessary. Managed Care also assists in arranging, providing and financing medical and dental care, pharmacy and allied services for certain low-income Placer County residents who do not qualify for other medical insurance (MIA, CHDP) and facilitates access to healthcare for county Medi-Cal, California Children's Services (CCS) and CHDP beneficiaries.

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## ADMINISTRATION & SUPPORT

Provide the overall administrative, fiscal, contract, and personnel management to the department; to increase accountability and maximize revenues; and to provide management information system development and support.

### FY 2003-04 Major Accomplishments

#### DEPARTMENT-WIDE

- For the fourth year running, HHS successfully implemented service levels adjustments to complete the fiscal year within the limitation of available funding. This included prioritizing services to best meet community health and safety needs; reducing or eliminating services in conjunction with reduced state funding; and by maintaining 100 vacant or eliminated staff positions vacated through attrition.
- Initiated a strategic planning effort including all HHS management staff and key stakeholders from the County Executive Office (CEO), Placer County Office of Education, and Probation which reaffirmed the vision and mission of HHS and to maintain the provision of services in comprehensive, integrated and client-centered manner.
- Implemented the privacy provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA) to ensure the County achieves compliance.
- Successfully transitioned leadership to a new department head through the initiation of a departmental transition team of senior management. This transition team in conjunction with CEO is also undertaking an organizational review of program practice and financing methodologies to assure most efficient use of available local, state, and federal funds.
- Homelessness: Worked with cities, the community, and nationally recognized subject matter experts to complete a planning process to determine the needs of the homeless in Placer County and articulate the alternative solutions available to the community through the development of a strategic plan.

#### ADULT SYSTEM OF CARE

- Successfully managed to budget targets of an approximate \$900,000 reduction through a restructure of programs, an increase of staffing vacancies, a redesign of the mental health out-client programs and contract reductions.
- Redesign the Cirby Hills-based transitional residential program to Rosewood, an alternative to the Institutes for Mental Disease (IMD). This program identified residents in locked, long-term, psychiatric facilities that could more effectively and efficiently be cared for in a transitional residential program, assisting residents to become more self-sufficient. This redesign reduces the length of stay in costly IMD facilities, provides focused crucial life skills training in an unlocked setting and to reduced county costs by \$400,000.
- Redesign the Mental Health out-client teams to more effectively triage and treat those persons with chronic and persistent mental illness. Through the use of proven models of focused, time-limited mental health, employment, and housing services, residents receive maximum benefit from available resources. This redesign assures through appropriate triage we can provide the most intensive level of care to those with the greatest need and refer others to available resources in the community. This model was successful in reducing the number of people served at any one time in the mental health out-client unit by 20%.
- Successfully implemented a program to transition stable mental health clients back to their primary care provider for ongoing care and treatment. This effort has improved both service delivery and increased revenue.

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- In response to ever increasing federal mandates, the division developed the required compliance plan and team; a code of conduct; training for all staff; and new processes to audit and monitor the system against fraud and abuse. However, these new federal requirements consistently require the redirection of staff away from client service to meet federal administrative requirements.

- Successfully implemented enhanced case management and billing software to simplify documentation, increasing the ability to track performance measurements, and more effectively bill all public and private funding sources.

## IN-HOME SUPPORTIVE SERVICES (IHSS) / PUBLIC AUTHORITY

- Successfully supported continued quality care to residents best cared for in the home environment for a rapidly expanding number of eligible residents.

## CHILDREN'S SYSTEM OF CARE

- Placer County was selected as one of the counties to pilot Child Welfare Services (CWS) Redesign, and was awarded \$300,000 in FY 2003-04 and \$600,000 in four subsequent years.
- Received an additional \$885,000 in federal grant funds and \$656,332 in county funds for the design and building of a new Children's Receiving Home/Emergency Shelter. Additionally, the architectural firm has been selected for this project.
- Co-sponsored a countywide training in strength/assets approaches to working with children and families as a best practice.
- Continued to serve 1,400 children experiencing abuse and neglect; 1,200 children and families in need of mental health services; while reducing 28 staff necessary to balance the County budget.
- Successfully reduced the cost and number of children in foster group homes through the SB-163 Wraparound Services Program that provides more cost effective intensive services that allow the children to remain in a home setting.

## HUMAN SERVICES

- Began implementation of Electronic Benefit Transfer (EBT) for the Food Stamp Program. EBT replaces the paper Food Stamp coupons with a more efficient electronic process, similar to an ATM or debit card.
- Increased revenue and reduced county costs by placing Medi-Cal staff with the Adult System of Care at Cirby Hills, with Community Clinics in Auburn, and with IHSS to facilitate clients receiving Medi-Cal eligibility, services, and benefits.
- Successfully assisted 53 families per month in obtaining employment and thus eliminating their need for CalWORKs (public assistance).
- Increased the collaboration with UC Cooperative Extension in providing nutritional outreach programs and classes to Food Stamp clients at the Stonehouse site.
- Achieved a 100% utilization of Section 8 housing funds, thus, maximizing the provision of rental assistance to low-income families.

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## COMMUNITY HEALTH

- Expanded the child death review process to include cases of domestic/family violence and elder abuse.
- Completed Phase 1 of the President's Smallpox Vaccination Plan to build a cadre of private health providers and public health staff to be available in the first phases of an actual smallpox event.
- Enhanced public health preparedness efforts through further integration between Community Health, area hospitals, first responders, and other community partners through joint participation in drills. A successful statewide drill in November 2003 enhanced communication, surveillance and response capacities to a mock plague outbreak.
- Continued to provide a wide range of services to the maternal and child health population through home visits, Women, Infants and Children's Supplemental Nutrition Program, Teenage Pregnancy and Parenting Program to promote healthy birth outcomes and support family functioning.
- Continued outreach to educate employers, and enforce labor laws and the Health and Safety Code related to smoking and tobacco use and new legislation. Efforts have been coordinated among six local code enforcement jurisdictions.
- Public Health Laboratory attained Select Agent Program status, which authorizes the lab to receive and maintain microbial agents that could be used in a bioterrorist event.

## ENVIRONMENTAL HEALTH

- Implemented performance management system to allow staff and supervisors to establish and track performance targets.
- Implemented fiscal tracking at the program level allowing supervisors of each core function to track their revenues and expenditures on a quarterly bases. This increases accountability and accuracy of budget management within the division.
- Instituted a number of innovative key initiatives related to on-site sewage disposal, including: development and presentation to Municipal Advisory Committees of an improved on-site sewage Operation, Monitoring, and Maintenance Program (OM&M), development and implementation of an Experimental Program for emerging on-site sewage technologies, and development of a streamlined on-site sewage ordinance.
- Developed a program plan for mosquito surveillance and control to contain the spread of West Nile Virus within Placer County while working with the Placer Mosquito Abatement District to investigate expansion of the District's boundaries.
- Implemented Placer County Land Use Tracking System (PLUS) as part of a team approach to streamline business processes and increase accountability to the public on permit status.
- Implemented the California Accidental Release Prevention Program (Cal ARP) by assuring businesses are aware of the requirements and guidelines for the appropriate handling of hazardous materials.

## DOMESTIC ANIMAL CONTROL

- Completed the remodel and improved the signage and security fencing of the Auburn Animal Shelter.
- Completed the remodel of the modular office; set up an in-house veterinary clinic; and hired a part-time veterinarian.

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- Implemented innovative partnership with county departments, staff, businesses, and volunteers to humanely address the feral cat population within the DeWitt campus.

## COMMUNITY CLINICS AND MANAGED CARE

- Significantly reduced cost of pharmaceuticals through participation in the manufacturers' Patient Assistance Program and improved quality assurance practices.
- Enhanced provider productivity, while also improving quality of care for those served.
- Enhanced quality and efficiency of hospitalized care for county patients and improved discharge planning and clinic follow up through participating in the Sutter Auburn Faith Hospital's Physician Hospitalist Program.
- Provided families with children living with Autistic Spectrum Disorder (ASD) information regarding available resources and existing community-based agencies with expertise in ASD; successfully convened the first parent-focused conference on ASD held in Placer County.
- Established bi-weekly evening clinics in Roseville that are primarily staffed and supported by community volunteers. This effort, piloted in partnership with the community based Placer Care Coalition, will provide crucial experience as the County and community evolve fiscally sustainable models of health care delivery for all county residents.
- Successfully implemented a major redesign to accommodate the state's new Gateway Program to increase the enrollment of children in Medi-Cal and Healthy Families through intense outreach to providers and patients.

## FY 2004-05 Planned Accomplishments

### DEPARTMENT WIDE

- Continue to follow Board of Supervisors direction to provide prioritized quality services across all program areas within the fiscal resources available.
- Continue to identify effective interventions to address the issues related to homelessness in collaboration with cities, partner agencies and concerned citizens.
- Complete organizational program and fiscal review including the creation of an assistant director position to strengthen the department's ability to best manage the breadth of departmental resources and responsibilities.
- Explore increased partnership opportunities with cities, private, community-based organizations, faith-based groups, and the business community to identify and achieve mutually desired outcomes for county consolidation of HHS facilities in recognition of reduced staffing and allowing for reduction of leased facilities and best use of county facilities.

### ADULT SYSTEM OF CARE (ASOC)

- Continue the redesign of the mental health out-client programs. ASOC will continue to provide a continuum of mental health services to a reduced target population of persons with severe mental illnesses who are Medi-Cal recipients or indigent in an effort to assist them to function in the least restrictive environment.
- Coordinate treatment services in a continuum of care for 1,500 persons with substance abuse addiction primarily through contracts with community-based agencies.

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➤ Expansion of participation of primary care providers in the care of stable mental health clients currently managed by county mental health providers.

➤ Implementation of mandated federal managed care requirements for mental health services.

➤ Expand use of all available automation tools and information systems to increase efficiency, provide timely accurate outcome data, and to provide critical management information.

## IN-HOME SUPPORTIVE SERVICES (IHSS) / PUBLIC AUTHORITY

➤ Provide care to 1,500 elderly and disabled persons through in-home support, adult protective services and conservatorship.

## CHILDREN'S SYSTEM OF CARE (CSOC)

➤ Continue to assist the state and Cohort 1 counties in Child Welfare Services (CWS) Redesign and systems improvement.

➤ Develop more formal and structured partnerships with the Family Resource Centers in order to divert children and families from county CWS admission, while ensuring that families receive necessary services from the community.

➤ Continue to work with Juvenile Probation to increase services for wards, increase federal revenues and decrease group home placements via SB-163 Wraparound Services Program.

## HUMAN SERVICES

➤ Implement CalWIN, one of the largest Human Services data systems in the country, to assist in determining eligibility and track performance.

➤ Complete EBT implementation.

➤ Explore other opportunities to establish worksites in the community, such as hospitals and family resource centers, which will enhance revenue collection and improve public access to benefits.

## COMMUNITY HEALTH

➤ Increase the capacity and capability of the Public Health Laboratory to identify microbial agents used in weapons of mass destruction through attaining Federal Bureau of Investigations (FBI) Level B status.

➤ Improve communicable disease control efforts to identify and respond to incidents and outbreaks of serious diseases through use of capacity enhanced by the Bioterrorism/Public Health Preparedness Program.

➤ Enhanced integration of public health preparedness efforts with community partners to develop a coordinated, seamless response. An example is the development of a community-based Medical Reserve Corp staffed by community volunteers.

➤ Enhance risk assessment and prevention communications to the community via the County web site, community presentation (e.g., Municipal Advisory Councils – MAC's) and other mechanisms.

➤ Continue efforts to train staff and the community on the strengths and assets-based approaches to youth development to prevent risk-taking behaviors such as use of drugs, alcohol and tobacco, high-risk sexual behaviors and violence.

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➤ Strengthen efforts to educate youth and the community about negative health effects of smoking and continue enforcement of existing statutes.

➤ Continue to coordinate with community-based organizations and other providers to improve services to the maternal and child health population to promote healthy birth outcomes, support family functioning, promote healthy children and prevent child abuse.

## ENVIRONMENTAL HEALTH

➤ Implement on-site sewage OM&M, enhancing education to homeowners about their on-site systems and requiring homeowners with the most complex on-site systems to have periodic maintenance checks by qualified OM&M specialists.

➤ Refine and update on-site sewage manual to assure new on-site sewage systems are designed, installed, and maintained in accordance with the most current technologies and practices.

➤ Complete implementation of the Food and Drug Administration (FDA) voluntary retail food facility standards to assure Placer County residents are protected from food-borne illness such as those related to Bovine Spongiform Encephalitis (Mad Cow Disease).

➤ Implement West Nile Virus Surveillance Program with trained staff, identifying and managing standing pools of water in a manner so as to minimize the propagation of disease carrying mosquitoes while continuing support of the Mosquito Abatement District's efforts.

➤ Complete implementation of California Accidental Release Prevention Program (Cal ARP) by initiating routine inspection of businesses handling extremely hazardous materials.

➤ Develop and train staff to implement a comprehensive set of policies and procedures related to inspecting businesses, regulating underground storage tanks, and reviewing business plans for businesses handling hazardous materials regulated by Environmental Health, which is designated as the local California Uniform Program Agency (CUPA) for Placer County (outside of the City of Roseville, which is the CUPA for that jurisdiction).

## DOMESTIC ANIMAL CONTROL

➤ Negotiate and execute new city contracts to accurately reflect actual costs of services and to assure adequate funding of animal service programs

➤ Continue to explore a partnership for new shelter with Placer Society for the Prevention of Cruelty to Animals (SPCA) to minimize unnecessary duplication of services and costs and to further promote partnerships for the betterment of animals.

➤ Revise the animal rescue group adoption procedures and policies to strengthen partnerships, improve accountability, and assure the most safe and humane care of all animals.

➤ Upgrade data management from PetWhere to a newer program that more accurately and completely tracks animal services activities to increase efficiency and accountability, and to enhance capacity for program planning in the care of animals.

➤ Implement, with the Friends of the Auburn Shelter, an annual awards presentation to volunteers and partnership organizations and agencies to encourage and support ongoing work for the care of animals in Placer County.

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- Develop a training library of videos and books to provide resources to the public and partner organizations and agencies on topics relevant to the humane care and treatment of animals.
- Reopen overnight receiving area so that the public can turn in animals for adoption outside of normal business hours, and in order to reduce the "dumping" of unwanted animals in an inhumane environment.

## COMMUNITY CLINICS AND MANAGED CARE

- Merge the primary care and public health clinics in Auburn to enhance operating efficiencies, reduce costs, and provide a more integrated and streamlined healthcare system while increasing access to clients.
- Move the appropriation unit for Managed Care into the General Fund, as the services provided are no longer predominately supported by user fees or charges.
- Increase the medical director of the Medically Indigent Adult (MIA) Program's utilization review (UR) activities; more closely monitor appropriateness of services and improve cost containment.
- Increase services at Roseville clinic to four days per week to provide family planning, child health, MIA services and immunizations to more clients, while maximizing staff productivity.
- Expansion of manufacturers' Patient Assistance Program to maximize savings in pharmaceuticals.
- Conduct quarterly staff testing in basic life support and use of newly acquired automatic defibrillator.
- Implement and evaluate the newly awarded grant to provide training to nurses and health educators in the region about asthma.
- Assure that children in out-of-home placements receive crucial preventive health and dental exams.
- Effectively integrate major state-mandated software changes into current business processes; learn resultant new work processes.

## Department Comments

In the last year, more than 1,200 children at risk for abuse were safeguarded; 1,700 neighbors and families living with chronic mental illness have benefited from outpatient services; and hundreds of our residents finding themselves in acute psychological crisis have been stabilized by county clinicians. Hundreds of working families and individuals benefited from temporary financial assistance as they move down the road toward self-sufficiency. Hundreds of those at risk of homelessness were offered an array of housing, temporary assistance, and other supportive service options. Over 5,000 residents received essential medical and dental care. Emergency preparedness measures and emerging public health issues such as West Nile Virus are being proactively addressed. Environmental Health specialists partner with every restaurant operator in the County to assure safe food for the residents and tourists. Approximately 3,000 domestic animals were adopted. This represents just a sample of what has been accomplished with the resources the Board of Supervisors, CEO, and public have entrusted to the Department of Health and Human Services.

Health and Human Services has faced more than three years of reductions in state funding for federal-and state-mandated programs. State revenues for FYs 2001-02, 2002-03, and 2003-04 can be characterized as flat, as cost-of-doing-business adjustments have generally not been provided. Additionally, categorical funding for a number of programs has been eliminated, including the Medi-Cal Managed Care Pilot Program; the Mentally Ill Offender Program; the Preventive Health Care for Aging Program; the California Healthcare for Indigents Program; and a contract with the State Department of Rehabilitation that provides services to CalWORKs clients with disabilities.

The gap in funding has averaged between five and six million dollars each year. This reality is currently continuing into FY 2004-05, which will result in revenues that fall short of the current actual cost of maintaining services in

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## Health & Human Support Services

# Health & Human Services

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these programs by an additional \$6 million dollars. The accumulated effects of this have caused the County contribution to HHS to rise during this period from approximately \$13 million dollars in 2001 to \$20 million dollars currently. However, even at this level of additional support from CEO and the Board of Supervisors, HHS has had to make significant reductions to the availability and levels of service that can be provided. Most significantly, the department is currently carrying 100 vacant positions and anticipates needing to carry a total of 150 vacancies in the coming year.

To achieve this level of service reduction and staffing pattern, the department's senior management has proposed a wide array of options including consolidation of clinics, implementation of facility efficiencies, reduction of mental health transitional residential programs, pursuing reducing the hours and availability of services to the public, deferring the majority of capital replacements, increasing case loads for staff, pursuing grant funds, continued implementation of voluntary work furlough program, and pursuing further relief from under-funded and often non-productive state mandates.

Ultimately, balancing HHS' FY 2004-05 budget will likely require some combination of the following options:

- Implement severe budget reductions which would result in eliminating facilities, decreasing services and reducing staff by as many as 54 currently filled positions through attrition, expanded use of the voluntary work furlough program, retirements, and possibly even layoff of current staff.
- Increase the General Fund funding available to HHS through possible resources such as FY 2003-04 fund balance (estimated to be \$1.5 million), and the currently existing \$4.7 million General Fund's Reserve for Future Occurrences.
- Confirmed, increased revenue potential such as the growth of realignment (estimated to increase \$900,000 for FY 2004-05).
- Consider countywide solutions such as implementing a mandatory work furlough program or standardizing reduced availability of county service hours of operation.

## SIGNIFICANT ISSUES FACING HHS

**Homelessness:** Recognizing the importance of the myriad of issues related to homelessness, HHS will actively continue to work with the cities and community partners to identify long-term and system-wide approaches. Issues surrounding homelessness span multiple governmental entities, communities, non-profit agencies, advocates, faith-based groups, to name just a few. HHS is confident that all these stakeholders will collaboratively identify the most effective models to include in the 10-year strategic plan to prevent and end homelessness that is currently under development.

**Realignment Revenues:** As a result of a lawsuit between the County of San Diego and the State of California, the Vehicle License Fee (VLF) portion of realignment is at risk of non-payment. For Placer County, this is \$4.8 million dollar annual revenue. The state's administration considers this a technical issue and has shown strong support for a legislative solution. However at this writing, it appears the legislative leadership is intending to tie this into the budget process.

**Facilities:** HHS will work with CEO to improve department-wide coordination of facility issues in order to make best use of current resources and resources available through the facility impact fees set aside for Health and Human Services. Specifically, the following areas will be those requiring the greatest attention in the upcoming year:

- Consolidation of Facilities — Due to the financial constraints of the budget and the fact that HHS is anticipating holding between 100-150 positions vacant in the budget year, several facilities are being evaluated for consolidation. Currently, this includes facilities at Enterprise and Nevada Streets, Penryn, and the potential for consolidation of clinics at the DeWitt Center.
- Children's Receiving Home — Placer County will continue to pursue funding from the Federal Government for the construction of a new Children's Health Clinic and Emergency Shelter. An architect has been selected for this project.
- Auburn Animal Shelter — Currently included in the Facilities Master Plan.

## Health & Human Support Services

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# Health & Human Services

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- Medical Clinic and Public Health Laboratory → The need for newer facilities continues to be a high priority due to the aging nature and functional obsolescence of the existing facilities, and the necessity to improve capacity related to bioterrorism preparedness.
- Cirby Hills Psychiatric Health Facility → HHS' long-term plan is to maximize the use of this facility for its intended inpatient and residential purpose. However, due to budget constraints, we have not identified any viable options.

In-Home Supportive Services (IHSS) Program: There is a potential of a significant increase in county cost as a result of negotiations that has not been identified in the IHSS budget.

Mental Health Services for Emotionally Disturbed Youth: HHS and CEO are in discussions with the Placer County Office of Education and several school districts relative to potentially expanding mental health services for emotionally disturbed students. Schools have identified a need for additional intensive day treatment classrooms and staff in the western Placer region to address the 40+ children that remain on a waiting list. Estimated county costs could range up to \$1 million dollars, and would be in addition to the existing costs of approximately \$2 million dollars annually. These costs would then become eligible for reimbursements via an SB 90 claim for unfunded state mandates. And, although the state recognizes these claims as a liability, they have not been appropriating funding to pay them.

California Healthcare for Indigents Program: Based upon the department's recommendation, the Board of Supervisors approved withdrawing from this program and to continue to provide treatment services to non-Medi-Cal CHDP children through June 30, 2004. As a priority service to a vulnerable population, HHS' base budget includes continuing these clinical services in FY 2004-05.

The management of Health and Human Services is committed to doing our utmost to preserve the County's most valuable assets, which are the staff that make it possible to provide important and critical services and to prioritize the delivery of services to provide those most critical to the health and safety of county residents within the financial resources available.

## County Executive Comments And Recommendations

Generally, HHS' programs are either partially or fully funded by the state and federal governments. Many of these programs are mandated, and a significant number require a county share of cost. In addition, with Placer County's projected population growth and a weak U.S. economy, there continues to be an increasing constituent demand for the services this department provides.

The department, as a whole, identified increased FY 2004-05 operating costs in excess of revenues of approximately \$6 million; however, CEO recommends that the department's FY 2004-05 operating budgets and General Fund contribution be increased by \$3 million, pending the outcome of the state's proposed budget. This will be the third fiscal year HHS has had to face serious funding reductions and its associated staffing and operational challenges. This increased funding will consist of a combination of the department's anticipated salary savings from its approximately 100 vacancies, and from reserves. This reserve was established in previous years in anticipation of caseload growth due to an economic downturn.

In light of these continued funding constraints, CEO is working closely with HHS to implement the necessary alterations in programs and staffing. The department has submitted a comprehensive, prioritized list of proposed program reductions and associated impacts for consideration in finalizing the FY 2004-05 budget. HHS is seeking to insure implementation of the Board of Supervisors' priorities, and continues to examine all of the department's programs and services for cost savings, efficiencies and revenue-enhancement opportunities. Mindful of the State's current fiscal crisis, the department will most likely experience further FY 2004-05 funding reductions upon adoption of a state budget. Consequently, additional alterations to the HHS budgets will most likely be required. During extraordinary fiscal constraints, it should be noted that this department has displayed a commendable problem-solving initiative as well as a spirit of cooperation in working with CEO. It should also be noted that the department's performance indicator data is based upon a continuation of the previous fiscal year's General Fund support of \$20 million.

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## Health & Human Services

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The *Community Clinics* enterprise fund will be scrutinized along with all of HHS' operating budgets for cost savings and shifts, greater efficiencies and any revenue-enhancement opportunities. However, It is anticipated that the final state budget will include further reductions that will adversely impact the revenue in this appropriation. In spite of increasing demand for clinic services, and in order to reduce the programs staffing and operational costs, HHS has proposed combining two of its clinics (Medical Clinic and Public Health Clinic) into one site at DeWitt. While this is an extremely challenging endeavor, both from a staffing and physical plant perspective, the department feels it can accomplish considerable efficiencies that will mitigate some of its loss of revenue. The clinic program will be completely revamped and clinic hours both in Auburn and Roseville will be expanded. The County Executive Office will work closely with the department to assist in accomplishing these program goals.

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The *Managed Care Enterprise Fund* was consolidated with Children's Medical Services (appropriation 02940) last fiscal year. As with all of HHS' operating budgets, this fund is in its third fiscal year of reductions in state and federal revenues coupled with increasing staff and operating costs. The department has proposed the elimination of extra help and temporary office support as shifting these responsibilities to other staff, as well as consolidating staff into one facility in order to realize lease cost savings. It is anticipated that the final state budget will include further reductions that will adversely impact the revenue in this appropriation. When this enterprise fund was established, the Managed Care pilot project dictated that for accounting and accountability purposes the funds be separated. As this project was terminated by the state last fiscal year, and the services provided are no longer predominately supported by user fees and charges. The County Executive Office recommends that this appropriation be moved into the General Fund in FY 2005-06.

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Health & Human Support Services

# Health & Human Services

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## ADULT SYSTEM OF CARE FUND 100 / APPROPRIATION 42930

	Actual 2002-03	Budget 2003-04	Requested 2004-05	Recommended 2004-05	Change %	Adopted 2004-05
<b>Expenditures</b>						
Salaries and Employee Benefits	\$ 10,056,910	\$ 10,706,306	\$ 12,135,236	\$ 10,404,617	-3%	\$ -
Services and Supplies	9,465,946	9,908,492	9,258,229	9,122,550	-8%	-
Other Charges	1,767,599	1,939,718	2,084,226	2,084,226	7%	-
Intra Fund Charges	1,433,946	1,848,613	1,724,467	1,797,376	-3%	-
Appropriations for Contingencies	-	66,840	-	-	-100%	-
<b>Gross Budget:</b>	<u>22,724,401</u>	<u>24,469,969</u>	<u>25,202,158</u>	<u>23,408,769</u>	<u>-4%</u>	<u>-</u>
Intra Fund Credits	<u>(2,261,909)</u>	<u>(2,633,963)</u>	<u>(2,520,477)</u>	<u>(2,520,477)</u>	<u>-4%</u>	<u>-</u>
<b>Net Budget:</b>	<u>\$ 20,462,492</u>	<u>\$ 21,836,006</u>	<u>\$ 22,681,681</u>	<u>\$ 20,888,292</u>	<u>-4%</u>	<u>\$ -</u>
<b>Revenue</b>						
Fines, Forfeits and Penalties	\$ 91,752	\$ 100,640	\$ 105,000	\$ 105,000	4%	\$ -
Intergovernmental Revenue	10,619,489	11,261,146	11,019,349	10,618,510	-6%	-
Charges for Services	581,782	691,322	625,314	401,217	-42%	-
Miscellaneous Revenue	6,263	49,334	30,000	30,000	-39%	-
Other Financing Sources	-	149,204	149,204	149,204	0%	-
<b>Total Revenue:</b>	<u>11,299,286</u>	<u>12,251,646</u>	<u>11,928,867</u>	<u>11,303,931</u>	<u>-8%</u>	<u>-</u>
<b>Net County Cost:</b>	<u>\$ 9,163,206</u>	<u>\$ 9,584,360</u>	<u>\$ 10,752,814</u>	<u>\$ 9,584,361</u>	<u>0%</u>	<u>\$ -</u>
Allocated Positions	157	155	155	155	0%	-

Note: In FY 2003-04 the appropriation for DeWitt Diner was consolidated into the Adult System of Care budget. Figures do not include the DeWitt Diner Fund figures in the actual 2002-03 due to the entity's classification as an enterprise fund. The DeWitt Diner Fund 230650 (#,06500) closed in FY 2003-04.

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## CORE FUNCTION: ADULT SYSTEM OF CARE

### MENTAL HEALTH SERVICES PROGRAMS

**Program Purpose:** To partner with other agencies in providing a full spectrum of mental health services including therapeutic intervention, case management and support, skill development, medication and employment services to assist targeted adults and older adults achieve their highest level of self-sufficiency and independence without compromising their personal safety or that of the community.

**Total Expenditures:** \$18,063,253

**Total Staffing:** 118.0

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- **Key Intended Outcome:** Independence and self-sufficiency for adults and older adults is maintained at the highest degree possible without compromising their personal safety or that of the community.

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# Health & Human Services

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Mental Health Services Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
<b><u>Mental Health Program: For persons with serious chronic mental illness whose level of functioning is significantly impaired</u></b>			
# of new adults requesting mental health services	N/A	1,000	1,200
# of adults accepted for mental health services	N/A	745	500
# of adults receiving <u>county</u> outpatient mental health services	2,031	1,750	1,700
# of <u>county</u> mental health services provided	N/A	N/A	N/A
# of adults receiving private outpatient services	1,304	968	1,000
# of adults discharged from <u>county</u> mental health services	759	600	700
# of adults who need housing assistance	N/A	N/A	N/A
# /% of adults who received housing assistance	N/A	N/A	N/A
# of individuals whose housing situation improves	N/A	N/A	N/A
#/% of individuals whose employment status improves	N/A	N/A	N/A
<b><u>Placer County Hearts Program: Mental health services for persons who meet the above criteria and are also homeless</u></b>			
# of individuals served by the <u>Placer County</u> Hearts Program (services for homeless persons who are mentally ill)	66	85	61
% reduction of days in jail prior to <u>the Placer County</u> Hearts Program versus after program admission	87%	70%	81%
% reduction of days homeless prior to <u>the Placer County</u> Hearts Program versus after-program admission	45%	75%	53%
% reduction of days in psychiatric hospitals prior to <u>the Placer County</u> Hearts Program versus after-program admission	87%	70%	96%
<b><u>Psychiatric hospitalization: For persons who are a danger to selves, or a danger to others due to mental disorders</u></b>			
# of Placer County psychiatric admissions at the Placer County Psychiatric Health Facility ( <u>PHF</u> )	373	360	360
# of days used at the PHF annually	4,772	4,550	4,550
<u>\$</u> cost of individuals who were placed in more expensive out-of-county hospital due to lack of space at the PHF	\$263,083	\$190,080	\$190,000
# of adults served in Institutes for Mental Disease (IMD) locked psych <i>iatric</i> facility	56	29	25
# of days used at the <u>IMD</u> , locked psych <i>iatric</i> facility	N/A	5,172	5,172

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## Health & Human Support Services



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# of adults served in <u>state</u> hospitals	4	4	4
# of days used at <u>state</u> hospitals	568	1,460	1,460
\$ <u>cost</u> of <u>state hospital</u> beds	\$500,000	\$500,000	\$500,000
# of adults served in contracted <u>board and care</u> facilities	81	80	85
<b>Residential Mental Health Services: For persons transitioning from the PHF to the community</b>			
# of individuals served in transitional residential programs (Cypress/Rosewood)	180	180	90

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**Program Comments:** The number of requests for Mental Health Program services continues to increase, but the number of clients being served is decreasing as clients are being triaged to alternative resources whenever possible to manage limited resources. Persons not meeting admission criteria are not being served. The Placer County Hearts Program continues to show excellent results and is managed with a client to staff ratio of 1 to 20 that allows more intense services and improved outcomes. The Institutes for Mental Disease costs were significantly reduced with a program change at our Rosewood facility resulting in the projected reduction of 50% being exceeded this fiscal year. As resources are reduced, we will closely monitor our inpatient census to evaluate any significant increases.

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## Substance Abuse Treatment Programs

**Program Purpose:** To partner with other agencies in providing a full spectrum of substance-abuse treatment services, including self-help, out-client, and residential, to assist persons with addictive behaviors to achieve and maintain lifestyles that are drug/alcohol free, crime-free and self-sufficient.

**Total Expenditures:** \$3,587,653

**Total Staffing:** 130

- **Key Intended Outcome:** Individuals with addictive behaviors receive care and treatment necessary to achieve and maintain clean and sober lifestyles.

Out-client Substance Abuse Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of individuals served in all out-client substance abuse treatment programs	850	832	832
# of adults in residential substance-abuse treatment programs	606	504	504
% of adults completing program w/satisfactory progress	48%	55%	55%
# of individuals referred to Drug Court and Proposition 36	401	325	400
# of individuals served in Drug Court and Proposition 36	244	300	375
# of prison beds saved due to Drug Court participation	N/A	N/A	N/A
# of Recovery Court clients unemployed at intake	N/A	N/A	N/A
# of Recovery Court clients unemployed at discharge	N/A	N/A	N/A

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**Program Comments:** The Proposition 36 Program and Drug Court Programs have experienced some program challenges impacting the number of clients served. This issue is being addressed and we expect to see an increase in numbers in the next fiscal year.

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## In-Home Supportive Services Program

**Program Purpose:** To assist older and disabled adults and children by providing domestic and personal care services that allow them to safely remain in the community.

**Total Expenditures:** \$826,364

**Total Staffing:** 10.0

- Key Intended Outcome: Older disabled adults and children receive the services that allow them to safely remain in the community.

In-Home Supportive Services Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of individuals served by in-home supportive services	N/A	1,205	1,325
# of actual active in-home support services cases per month (average)	N/A	984	1,100
% of in-home support services hours used last month of report period	N/A	N/A	96%
\$ cost of adults remaining in their homes	N/A	\$2,178,783	\$2,295,000

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**Program Comments:** The program growth is expected to continue in this program at an increase of 10% per year.

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## Adult Protective & Public Guardian Services Program

**Program Purpose:** To protect older and dependent adults from abuse and neglect and assist them to find the most appropriate living situations.

**Total Expenditures:** \$799,257

**Total Staffing:** 9.0

- Key Intended Outcome:** Protection of older and dependent adults and prosecution of those who abuse them.

Adult Protective & Public Guardian Services Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of referrals	N/A	778	778
# of individuals investigated for abuse or neglect	N/A	463	532
# of individuals who are protected by obtaining legal conservatorship	N/A	230	230
#/% of individuals able to remain living in the community	N/A	N/A	N/A

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**Program Comments:** Adult Protective Services continues to investigate an increased number of referrals.

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Health & Human Support Services

# Health & Human Services

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## Jail Medical & Psychiatric Services Program

**Program Purpose:** To provide medical and psychiatric services to adults and juveniles in custody of Placer County jail and juvenile hall in order to protect their health. These services are provided through a contract with California Forensic Medical Group (CFMG).

**Total Expenditures:** \$1,667,792

**Total Staffing:** 1.0

- **Key Intended Outcome:** Inmates and wards will be safe and receive the appropriate treatment while in the custody of the County.

Jail Medical & Psychiatric Services Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of inmates/wards receiving medical services	N/A	9,585	12,500
# of inmates/wards receiving psychiatric services	N/A	3,000	3,500
#/% of complaints from staff/inmates regarding quality of care found to be valid at regularly scheduled utilization reviews	N/A	N/A	N/A

**Program Comments:** The jail continues to provide an increasing level of medical and psychiatric services to jail inmates.

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## In-Home Supportive Services Public Authority (PA) Program

**Program Purpose:** To establish a provider registry and referral service to assist recipients with finding and hiring trained providers to provide them the assistance they need to remain in their homes as long as possible.

**Total Expenditures:** \$257,840

**Total Staffing:** 4.0

- **Key Intended Outcome:** To enhance the availability and quality of in-home supportive services so that recipients can remain at home without compromising their personal safety.

IHSS Public Authority Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of consumers who request a provider list from the registry	N/A	350	400
% who find providers with registry assistance	N/A	87%	87%
% of registry matches that last a minimum of 60 days	N/A	96%	96%

**Program Comments:** The Public Authority provides a new program for the in-home services recipients that are being utilized by approximately 35% of the population as projected.

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## Health & Human Support Services

# Health & Human Services

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## CHILDREN'S SYSTEM OF CARE FUND 100 / APPROPRIATION 42970

	Actual 2002-03	Budget 2003-04	Requested 2004-05	Recommended 2004-05	Change %	Adopted 2004-05
<b>Expenditures</b>						
Salaries and Employee Benefits	\$ 13,837,581	\$ 15,089,685	\$ 16,187,762	\$ 14,868,983	-1%	\$ -
Services and Supplies	5,327,387	5,827,052	5,324,266	5,368,711	-8%	-
Other Charges	1,910,963	1,448,200	1,904,500	1,724,100	19%	-
Intra Fund Charges	2,284,947	2,452,833	2,716,518	2,908,753	19%	-
Appropriations for Contingencies	-	33,420	-	-	-100%	-
<b>Gross Budget:</b>	<b>23,360,878</b>	<b>24,851,190</b>	<b>26,133,046</b>	<b>24,870,547</b>	<b>0%</b>	<b>-</b>
Intra Fund Credits	(204,795)	(651,222)	(150,255)	(150,255)	-77%	-
<b>Net Budget:</b>	<b>\$ 23,156,083</b>	<b>\$ 24,199,968</b>	<b>\$ 25,982,791</b>	<b>\$ 24,720,292</b>	<b>2%</b>	<b>\$ -</b>
<b>Revenue</b>						
Intergovernmental Revenue	\$ 16,813,398	\$ 18,978,677	\$ 19,660,472	\$ 19,270,623	2%	\$ -
Charges for Services	119,397	97,256	81,074	81,074	-17%	-
Miscellaneous Revenue	25,399	20,333	10,000	10,000	-51%	-
<b>Total Revenue:</b>	<b>16,958,194</b>	<b>19,096,266</b>	<b>19,751,546</b>	<b>19,361,697</b>	<b>1%</b>	<b>-</b>
<b>Net County Cost:</b>	<b>\$ 6,197,889</b>	<b>\$ 5,103,702</b>	<b>\$ 6,231,245</b>	<b>\$ 5,358,595</b>	<b>5%</b>	<b>\$ -</b>
Allocated Positions	244	239	239	239	0%	-

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## CORE FUNCTION: CHILDREN'S SYSTEM OF CARE

### Emergency Response Program

**Program Purpose:** To perform immediate investigations of reported child/elder abuse and neglect; and immediate evaluation of individuals in psychiatric crisis situations per Welfare and Institutions Code 5150 (WIC 5150) at risk of harm to themselves or others, as well as timely placement in the most appropriate settings in order to protect the health and safety of individuals and the community.

**Total Expenditures:** \$7,868,522 **Total Staffing:** 78.0

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- Key Intended Outcome:** Accurate and timely investigation/evaluation and protective action; timely and appropriate placement in therapeutic settings.

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Emergency Response Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of children reported at risk of abuse/neglect (unduplicated)	6,587	<u>5,680</u>	<u>4,536</u>
#/% of face-to-face investigations	3,911 / 59%	<u>3,181 / 56%</u>	<u>2,268 / 50%</u>
# of children receiving CWS services who can remain at home safely with supportive services	<u>713</u>	<u>546</u>	<u>530</u>

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## Health & Human Support Services

# Health & Human Services

Richard J. Burton, M.D., M.P.H., Director

# of face-to-face <u>psychiatric assessments</u> (WIC 5150 evaluations) <u>of individuals at risk of danger to self, danger to others or gravely disabled due to a mental disorder</u>	1,130	<u>1,100</u>	<u>920</u>	Deleted: 920... [171]
# of adults and children admitted to inpatient hospitals as meeting criteria for danger to self, danger to others or gravely disabled <u>due to a mental disorder</u>	N/A	<u>600</u>	<u>640</u>	Deleted: 640... [172]
# of face-to-face investigations of reported adult abuse - Adult Protective Service (APS) % of total calls received	N/A / N/A	30 / N/A	<u>30 / N/A</u>	Deleted: N/A Deleted: (...)... and .... [173]
# of children placed in the Receiving Home	<u>N/A</u>	350	<u>350</u>	Deleted: 350... [174]

**Program Comments:** Adult, Child and Community Emergency Services System (ACCESS) is an interdependent component of the CSOC Integrated Model and is a primary entry point to the Systems of Care services. It is a demand-based service and all calls received must be triaged to ensure the safety and health of our families and communities. The goal is to provide timely and appropriate interventions to prevent problems from becoming more severe. Prior to implementation of the integrated model, face-to-face response rates for reported child abuse in California was approximately 35 - 40%. For FY 2004-05, CSOC is targeting a 50% face-to-face investigation rate for reported child abuse. Reductions in projected FY 2004-05 indicators are based upon proposed staff reductions in ACCESS.

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## Child Welfare Services Program

**Program Purpose:** To prepare evaluations, make recommendations and oversee court-ordered service plans for abused or neglected children in order for families to remain intact or return children to their families or, if indicated, seek permanent placement/adoption, and ultimately prevent recurring child abuse and neglect.

**Total Expenditures:** \$8, 873,804 **Total Staffing:** 83.0

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- Key Intended Outcome:** Preserve and unify families as the first priority or effect permanent long-term living situations for foster children in the most appropriate placement, and prevent recurring child abuse and neglect.

Child Welfare Services Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05	
# of children per year	1,424	<u>1,250</u>	<u>1,300</u>	Deleted: 1,300... [180]
# of average monthly CWS caseload	1,100	<u>845</u>	<u>850</u>	Deleted: 850... [181]
% of <u>Placer County</u> children in foster care experiencing two or fewer placements (86.7% is the national standard)	84.4%	<u>83.7%</u>	<u>86.7%</u>	Deleted: 82.1%... [182]
% of <u>Placer County children re-unified with families in less than 12 months (76.2% is the national standard)</u>	81.2%	<u>77.3%</u>	<u>80%</u>	Deleted: family-reunification cases Deleted: 80%... [183]
% of Placer County children adopted in less than 24 months (32% or greater is the national standard)	41.5%	<u>43.6%</u>	<u>40.5%</u>	Deleted: 21.4%... [184]
% of Placer County children re-entering foster care through age 18 (8.6% or less is the national standard)	13.1%	<u>16.6%</u>	<u>8.6%</u>	Deleted: 18.2%... [185]
% of Placer County children experiencing recurrence of abuse or neglect (61% or less is the national standard)	12.6%	<u>11.1%</u>	<u>6.1%</u>	Deleted: 14.7%... [186]
# of out-of-home placements per year % of total children receiving ongoing services	693 / N/A	670 / N/A	<u>670 / N/A</u>	Deleted: o... and .... [187] Deleted: N/A

## Health & Human Support Services

# Health & Human Services

Richard J. Burton, M.D., M.P.H., Director

**Program Comments:** Child Welfare Services is an interdependent component of the CSOC Integrated Model. It is a demand-based program requiring service for all children and families when there is evidence of child abuse or neglect. The number of children entering the system will not be impacted significantly in FY 2004-05. However, continued staff reductions and caseload increases may impact our ability to comply with Division 31 regulations for minimal services. In FY 2002-03, Placer County exceeded the federal standards for reunifying children with their families in less than 12 months (Placer with 81.2% vs. federal standard of 76.2%) and in providing adoption in less than 24 months for foster care children eligible for adoption (Placer with 41.5% Vs. federal standard of 32%).

## Behavioral Health Program

**Program Purpose:** To provide mental-health treatment, substance abuse counseling, therapeutic behavioral support, parental training and other family-support services in order to improve and restore self-sufficiency and functionality for children and their families.

**Total Expenditures:** \$8,491,431

**Total Staffing:** 71.0

- Key Intended Outcome:** Improve and restore family supervision, employability, health and safety and educational functionality for children and their families.

Behavioral Health Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
#/% completion of mental health assessments within two (2) weeks (state standard is 90% or better)	N/A	717 / N/A	1,620 / 90%
# of children who are receiving both child welfare services and behavioral health treatment	240	200	200
#/% of children receiving less intensive services through referral for services through the Private Network Providers	640 / N/A	620 / N/A	640 / N/A
# of educationally disabled students receiving Individual Education Plan (IEP) services referred requesting mental health services	97	60	60
# of IEP students who received services within 50 days of initial request (CA state standard) and % of total referrals	N/A	25	25
# of juveniles served by Drug Court Program (capped due to staffing)	25	25	30
#/% of individuals successfully completing the nine months to one-year Drug Court Program	56 / 31.4%	8 / 32%	10 / 33%
#/% of juveniles who have graduated Drug Court, avoiding further criminal justice system involvement, other than traffic infractions, at one-year post	N/A	N/A	N/A

**Program Comments:** Behavioral Health Services is an interdependent component of the CSOC Integrated Model. The program performance measure attempts to reflect the number of children receiving behavioral health services. Currently HHS is working with CEO and the school system to identify options for improving services for severely emotionally disturbed children.

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## Health & Human Support Services



# Health & Human Services

Richard J. Burton, M.D., M.P.H., Director

## Systems Integration/Community Partnership Development Program

**Program Purpose:** HHS Policy Team and Systems Management, Advocacy and Resource Team (SMART) provide a consistent and integrated system to reduce barriers, streamline service delivery and maximize available funding in order to meet the multiple needs of children and families.

**Total Expenditures:** \$899,289

**Total Staffing:** 7.0

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- Key Intended Outcome:** Comprehensive, seamless approach to assessing need and delivering mental-health, child-welfare, substance-abuse, probation, public health and education services in order to reduce conflicting bureaucratic requirements, duplication of services, and barriers to access, all of which will ultimately improve the success of children, adults and families.

Systems Integration/Community Partnership Development Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
As a result of services received, children and families will show significant improvement as noted by the Placer County Outcome Screens	N/A	N/A	N/A
# of children referred to Systems Management Team (SMT) for possible multi-agency service review and appeals	N/A	N/A	N/A
# of children referred to Placement Review Team (PRT) for possible out-of-home placement	N/A	N/A	N/A
# of children who have been reviewed by PRT and approved for out-of-home placement who are referred to <u>Rallying Around Families Together (RAFT)</u> for in-home family with supportive services	N/A	N/A	N/A
# of children served by RAFT program (capped @ 25 due to staffing)	15	25	N/A
#/% of children (families) completing RAFT and moving to a lower level of care	8 / <u>N/A</u>	10 / <u>N/A</u>	N/A
# of days children participating in RAFT remained at home with their families	N/A	N/A	N/A
Note: Child Welfare Services success in avoiding long-term, out-of-home placements, thereby keeping intact families and returning children to their families: out of an eight-county comparison, Placer County ranks #2 for the lowest number of children moving to permanent placement (parental rights terminated). Placer ranks approximately at 45% of the statewide rate of 7.9/1,000.			

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**Program Comments:** The Placer County model promotes the ability to provide services without regard to categorical funding barriers. The primary goal of the integrated system is to provide a comprehensive assessment of family needs, and then provide services in a family centered manner. The performance measures focus on review by the multidisciplinary Systems/Placement Review Teams (SMT and PRT), referrals to RAFT (the County wraparound program for children at risk of placement in group homes), the ability to keep families intact, and the overall improvement of our children. Anticipated staffing reductions will likely result in heavier caseloads and decline in ability to provide intensive case management may result in an increased number of referrals for out-of-home care and higher placement rates.

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Health & Human Support Services

# Health & Human Services

Richard J. Burton, M.D., M.P.H., Director

## HUMAN SERVICES FUND 100 / APPROPRIATION 53070

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	Actual 2002-03	Budget 2003-04	Requested 2004-05	Recommended 2004-05	Change %	Adopted 2004-05
<b>Expenditures</b>						
Salaries and Employee Benefits	\$ 8,217,654	\$ 9,316,797	\$ 10,734,927	\$ 10,154,156	9%	\$ -
Services and Supplies	5,830,578	5,785,552	5,555,212	5,504,748	-5%	-
Other Charges	559,067	511,667	511,000	386,000	-25%	-
Capital Assets	52,659	-	-	-	0%	-
Other Financing Uses	82,556	82,556	82,556	82,556	0%	-
Intra Fund Charges	6,435,914	4,322,868	3,846,464	3,834,632	-11%	-
<b>Gross Budget:</b>	<b>21,178,428</b>	<b>20,019,440</b>	<b>20,730,159</b>	<b>19,962,092</b>	<b>0%</b>	<b>-</b>
Intra Fund Credits	(2,878,241)	(58,368)	(42,006)	(42,006)	-28%	-
<b>Net Budget:</b>	<b>\$ 18,300,187</b>	<b>\$ 19,961,072</b>	<b>\$ 20,688,153</b>	<b>\$ 19,920,086</b>	<b>0%</b>	<b>\$ -</b>
<b>Revenue</b>						
Intergovernmental Revenue	\$ 17,634,735	\$ 18,380,650	\$ 18,794,999	\$ 18,570,104	1%	\$ -
Charges for Services	271	-	-	-	0%	-
Miscellaneous Revenue	2,390	-	-	-	0%	-
<b>Total Revenue:</b>	<b>17,637,396</b>	<b>18,380,650</b>	<b>18,794,999</b>	<b>18,570,104</b>	<b>1%</b>	<b>-</b>
<b>Net County Cost:</b>	<b>\$ 662,791</b>	<b>\$ 1,580,422</b>	<b>\$ 1,893,154</b>	<b>\$ 1,349,982</b>	<b>-15%</b>	<b>\$ -</b>
Allocated Positions	168	166	166	166	0%	-

Note: In FY 2003-04 the appropriation for Welfare to Work (# 53090) was consolidated into the Human Services budget. The actual 2002-03 figures include Welfare to Work for comparison purposes.

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### CORE FUNCTION: HUMAN SERVICES

#### CalWORKs Eligibility Program

**Program Purpose:** To provide cash assistance to low-income residents in order to help them meet basic needs.

**Total Expenditures:** \$ 4,925,350

**Total Staffing:** 47.09

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- Key Intended Outcome:** Residents receive accurate and timely benefits.

CalWORKs Eligibility Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of applications received/month	252	245	245
% of applications processed within 45 days	90%	90%	90%
# of active cases/average monthly	1,258	1,245	1,270
% of cases reviewed for continued eligibility in a timely manner	N/A	90%	90%

**Program Comments:** This budget reflects \$1,923,847 directed toward the CalWIN pilot and implementation.

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### Health & Human Support Services

# Health & Human Services

Richard J. Burton, M.D., M.P.H., Director

## Food Stamps Program

**Program Purpose:** To provide food stamps to low-income residents in order to help them buy food.

**Total Expenditures:** \$2,522,168 **Total Staffing:** 22.26

- **Key Intended Outcome:** Eligible residents receive food stamps accurately and timely.

Food Stamps Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of active cases/average monthly	814	775	850
# of applications received/month	266	275	275
% of applications processed within 30 days	80%	90%	90%
% of cases reviewed for continued eligibility in a timely manner	N/A	90%	90%

## Medi-Cal Program

**Program Purpose:** To provide medical coverage for low-income residents in order to help them protect and improve their health and to afford basic medical care.

**Total Expenditures:** \$5,766,184 **Total Staffing:** 59.17

- **Key Intended Outcome:** Eligible residents receive accurate and timely Medi-Cal benefits.

Medi-Cal Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of active cases/average monthly	10,149	9,000	10,300
# of applications received/month	1,235	1,077	1,300
% of applications processed within 45 days	55%	90%	90%
% of cases reviewed for continued eligibility in a timely manner	N/A	90%	90%

**Program Comments:** With the continual growth in the Medi-Cal population (15% this year), the Board of Supervisors and CEO have shown their commitment to supporting Placer County's residents' access to medical assistance by approving an increase in staffing to handle the workload.

## Health & Human Support Services

# Health & Human Services

Richard J. Burton, M.D., M.P.H., Director

## General Relief Program

**Program Purpose:** To provide cash aid to low-income residents in order to help them meet basic needs.

**Total Expenditures:** ~~\$145,886~~

**Total Staffing:** ~~1.42~~

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- **Key Intended Outcome:** Eligible residents receive accurate and timely benefits.

General Relief Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of active cases/average monthly	231	236	236
# of applications received/average monthly	134	140	140
% of applications processed within 45 days	92%	90%	90%
% of cases reviewed for continued eligibility in a timely manner	N/A	90%	90%

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## Welfare to Work Program

**Program Purpose:** To provide job services and support for Temporary Assistance for Needy Families (TANF)/CalWORKs recipients and former recipients in order to help them learn job skills, and find and keep jobs.

**Total Expenditures:** ~~\$7,370,572~~

**Total Staffing:** ~~36.06~~

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- **Key Intended Outcome:** TANF/CalWORKs applicants and recipients become economically self-sufficient.

Welfare to Work Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
#/% of CalWORKs recipients enrolled in Welfare to Work	723 / 90%	925 / 74%	800 / 98%
# of children receiving child care	280	337	300
# of current CalWORKs adults	803	1,245	815
#/% of enrolled who are participating	358 / 50%	352 / 45%	360 / 45%
#/% exempt from participation	80 / 11%	94 / 12%	94 / 12%
#/% sanctioned for no-cooperation	304 / 12%	N/A / 14%	300 / 14%
# on aid employed	87	109	109
#/% terminated aid because employed	54 / 7.5%	55 / 7%	55 / 7%
% Current Placer County Unemployment Rate	3%	0%	0%
% of families above-average wage	N/A	N/A	0%
Note: The state's unemployment rate directly impacts the above indicators. The current unemployment rate in Placer County is 4.9%.			

## Health & Human Support Services

# Health & Human Services

Richard J. Burton, M.D., M.P.H., Director

**Program Comments:** This budget reflects \$2.1 million contracted to Placer County Office of Education (PCOE) Child Care Services to provide childcare payments to providers of CalWORKs clients; \$617,794 to ASOC for Mental Health and Substance Abuse Services; \$386,000 in support costs to CalWORKs participants for transportation and ancillary costs; and \$82,556 to the DeWitt Diner.

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## CLIENT & PROGRAM AID FUND 100 / APPROPRIATION 53020

	Actual 2002-03	Budget 2003-04	Requested 2004-05	Recommended 2004-05	Change %	Adopted 2004-05
<b>Expenditures</b>						
Salaries and Employee Benefits	\$ 21,694	\$ -	\$ -	\$ -	0%	\$ -
Services and Supplies	865,122	1,231,611	1,170,358	1,170,358	-5%	-
Other Charges	20,684,494	24,907,837	25,136,095	24,976,628	0%	-
Other Financing Uses	66,648	178,848	178,848	178,848	0%	-
Intra Fund Charges	352,634	190,000	190,000	190,000	0%	-
<b>Gross Budget:</b>	<u>21,990,592</u>	<u>26,508,296</u>	<u>26,675,301</u>	<u>26,515,834</u>		-
Intra Fund Credits	(165,847)	(157,500)	(276,900)	(276,900)	76%	-
<b>Net Budget:</b>	<u>\$ 21,824,745</u>	<u>\$ 26,350,796</u>	<u>\$ 26,398,401</u>	<u>\$ 26,238,934</u>	0%	<u>\$ -</u>
<b>Revenue</b>						
Fines, Forfeits and Penalties	\$ -	\$ 237,060	\$ 255,000	\$ 255,000	8%	\$ -
Intergovernmental Revenue	14,279,705	15,678,121	15,978,519	15,978,519	2%	-
Miscellaneous Revenue	463,447	433,200	3,000	3,000	-99%	-
<b>Total Revenue:</b>	<u>14,743,152</u>	<u>16,348,381</u>	<u>16,236,519</u>	<u>16,236,519</u>	-1%	-
<b>Net County Cost:</b>	<u>\$ 7,081,593</u>	<u>\$ 10,002,415</u>	<u>\$ 10,161,882</u>	<u>\$ 10,002,415</u>	0%	<u>\$ -</u>
Allocated Positions	-	-	-	-	0%	-

## CORE FUNCTION: CLIENT & PROGRAM AID

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### Cash Payments to Clients Program

**Program Purpose:** To make cash payments to clients in accordance with program requirements.

**Total Expenditures:** \$26,675,301 **Total Staffing:** 0

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## Health & Human Support Services

# Health & Human Services

Richard J. Burton, M.D., M.P.H., Director

## HOUSING ASSISTANCE SERVICES FUND 103 / APPROPRIATION 53010

	Actual 2002-03	Budget 2003-04	Requested 2004-05	Recommended 2004-05	Change %	Adopted 2004-05
<b>Expenditures</b>						
Salaries and Employee Benefits	\$ 139,715	\$ 188,251	\$ 201,523	\$ 201,523	7%	\$ -
Services and Supplies	140,430	35,061	27,781	27,781	-21%	-
Other Charges	1,371,562	1,281,658	1,505,641	1,505,641	17%	-
Intra Fund Charges	52,210	37,527	36,411	36,411	-3%	-
<b>Gross Budget:</b>	<b>1,703,917</b>	<b>1,542,497</b>	<b>1,771,356</b>	<b>1,771,356</b>	<b>15%</b>	<b>-</b>
Intra Fund Credits	(49,611)	(105,662)	(85,662)	(85,662)	-19%	-
<b>Net Budget:</b>	<b>\$ 1,654,306</b>	<b>\$ 1,436,835</b>	<b>\$ 1,685,694</b>	<b>\$ 1,685,694</b>	<b>17%</b>	<b>\$ -</b>
<b>Revenue</b>						
Revenue from Use of Money and Property	\$ 8,548	\$ 7,000	\$ 7,000	\$ 7,000	0%	\$ -
Intergovernmental Revenue	1,756,108	1,429,435	1,624,286	1,624,286	14%	-
Charges for Services	32,938	-	54,408	54,408	100%	-
<b>Total Revenue:</b>	<b>1,797,594</b>	<b>1,436,435</b>	<b>1,685,694</b>	<b>1,685,694</b>	<b>17%</b>	<b>-</b>
<b>Net County Cost:</b>	<b>\$ (143,288)</b>	<b>\$ 400</b>	<b>\$ -</b>	<b>\$ -</b>	<b>-100%</b>	<b>\$ -</b>
Allocated Positions	4	4	4	4	0%	-

### CORE FUNCTION: HOUSING ASSISTANCE SERVICES

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#### Section 8 Voucher/Housing Choice Voucher Program

**Program Purpose:** To provide housing subsidies to low-income residents in order to assist them to secure housing.

**Total Expenditures:** \$1,771,356 **Total Staffing:** 4.0

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- Key Intended Outcome:** Maximize HUD funding in order to provide housing to residents most in need.

Section 8 Voucher/Housing Choice Voucher Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of housing vouchers available	253	276	276
% of housing vouchers utilized	90.7%	97%	97%
% of funding utilized	98%	100%	100%

**Program Comments:** This year we have increased the number of vouchers utilized and maximized funds.

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## Health & Human Support Services



# Health & Human Services

Richard J. Burton, M.D., M.P.H., Director

## COMMUNITY HEALTH FUND 100 / APPROPRIATION 42760

	Actual 2002-03	Budget 2003-04	Requested 2004-05	Recommended 2004-05	Change %	Adopted 2004-05
<b>Expenditures</b>						
Salaries and Employee Benefits	\$ 4,209,078	\$ 5,404,400	\$ 6,096,999	\$ 5,043,165	-7%	\$ -
Services and Supplies	1,349,414	1,027,457	1,014,595	1,014,595	-1%	-
Other Charges	23	-	-	-	0%	-
Capital Assets	61,696	-	-	-	0%	-
Other Financing Uses	25,101	-	-	-	0%	-
Intra Fund Charges	698,759	614,442	640,031	640,031	4%	-
<b>Gross Budget:</b>	<b>6,344,071</b>	<b>7,046,299</b>	<b>7,751,625</b>	<b>6,697,791</b>	<b>-5%</b>	<b>-</b>
Intra Fund Credits	(648,614)	(728,433)	(576,538)	(576,538)	-21%	-
<b>Net Budget:</b>	<b>\$ 5,695,457</b>	<b>\$ 6,317,866</b>	<b>\$ 7,175,087</b>	<b>\$ 6,121,253</b>	<b>-3%</b>	<b>\$ -</b>
<b>Revenue</b>						
Licenses, Permits and Franchises	\$ 5,683	\$ 6,203	\$ 6,203	\$ 6,203	0%	\$ -
Fines, Forfeits and Penalties	17	-	-	-	0%	-
Intergovernmental Revenue	2,467,936	2,703,423	2,568,957	2,470,225	-9%	-
Charges for Services	303,051	324,410	360,995	360,995	11%	-
Miscellaneous Revenue	11,135	-	-	-	0%	-
Other Financing Sources	22,094	20,000	20,000	20,000	0%	-
<b>Total Revenue:</b>	<b>2,809,916</b>	<b>3,054,036</b>	<b>2,956,155</b>	<b>2,857,423</b>	<b>-6%</b>	<b>-</b>
<b>Net County Cost:</b>	<b>\$ 2,885,541</b>	<b>\$ 3,263,830</b>	<b>\$ 4,218,932</b>	<b>\$ 3,263,830</b>	<b>0%</b>	<b>\$ -</b>
Allocated Positions	84	80	80	80	0%	-

### CORE FUNCTION: COMMUNITY HEALTH

#### Communicable Disease Control Program

**Program Purpose:** To prevent and control communicable diseases (including bio-terrorist agents) through surveillance case finding and investigation, diagnosis, contact tracing, laboratory testing and education.

**Total Expenditures:** \$1,841,011 **Total Staffing:** 19.0

- Key Intended Outcome:** To optimize the identification of disease incidence, control the spread and, where possible, reduce the overall incidence of communicable diseases.

Communicable Disease Control Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of laboratory (test) work load units performed and rate per 1,000 population	N/A	118,000 475.8/1,000	118,000 475.8/1,000
# of cases of communicable diseases reported and rate per 1,000 population	N/A	715 4.21/1,000	750 4.41/1,000
% of case investigations completed per communicable disease report	N/A	30%	23%
# of communicable disease investigation contacts	N/A	710	532

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### Health & Human Support Services

# Health & Human Services

Richard J. Burton, M.D., M.P.H., Director

**Program Comments:** Communicable Disease Control consists of diagnosis, surveillance, investigation, and intervention activities. Disease numbers may reflect changes in incidence, reporting compliance, and or changes in detection capabilities. Anticipated staffing reductions will likely reduce the number of investigations carried out next year.

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## Maternal, Child, Adolescent and Senior Health Program

**Program Purpose:** To provide case management, client health assessments, nutrition counseling and food vouchers to eligible Placer County residents in order to promote the health and well-being of infants, children, families and seniors.

**Total Expenditures:** \$4,166,498

**Total Staffing:** 43.0

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- **Key Intended Outcome:** Improved health status of residents.

Maternal, Child, Adolescent and Senior Health Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of individuals receiving case management services provided by public health nurses or social workers	N/A	1,351	950
# of face-to-face visits provided by case managers/# of visits per individual receiving services (average)	N/A	N/A	3,800.44
# of women, Infants and Children Program (WIC) eligible clients benefiting from enhanced nutrition services and food supplements per state program	N/A	2,925	2,925

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**Program Comments:** Direct service numbers have been reduced to reflect vacancies in clinical/professional staff and loss of program funding.

## Health Promotion & Health Education Program

**Program Purpose:** To provide health education and promotion activities to assist and encourage individuals to adopt healthy behaviors.

**Total Expenditures:** \$872,058

**Total Staffing:** 9.0

- **Key Intended Outcome:** Residents will make informed decisions on matters affecting individual, family and community health, including reducing/eliminating risk behaviors.

# Health & Human Support Services

# Health & Human Services

Richard J. Burton, M.D., M.P.H., Director

Health Promotion & Health Education Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of HIV counseling, testing, and education visits/% of those tested who return for results	N/A	900 / 85%	900 / 85%
# of tobacco cessation classes offered/# of total participants	N/A	5 / 50	4 / 40
# of smoke-free workplace violations reported, processed and cited	N/A	30	25
# of children receiving dental health screenings and dental education	N/A	5,000	5,000
% of children screened who were referred for treatment/who received sealants	N/A	N/A	80% / 80%
# of individuals trained in strengths and assets promotion for primary prevention of tobacco, alcohol and other drug use	N/A	250	250
# of youth involved in youth development and prevention activities	N/A	2,000	1,000

**Program Comments:** Community Health receives funds to provide health education activities for specific issues (e.g. HIV testing and education, tobacco enforcement, education regarding tobacco risks, primary prevention of alcohol or drug use, and children's preventive dental health program).

## Health Status Monitoring Program

**Program Purpose:** To collect and monitor population-based data regarding health status of Placer County residents in support of effective public-private policy development.

**Total Expenditures:** \$387,581 **Total Staffing:** 4.0

- Key Intended Outcome:** Data is available to identify trends and guide policy.

Health Status Monitoring Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of births and deaths registered per Health and Safety Code requirements	N/A	2,803 births/ 2,791 deaths	3,200 births/ 3,000 deaths
# of certified copies of certificates issued/\$ generated by certified copies of certificates issued	N/A	21,000 / \$273,000	23,000 / \$280,000
# of consultations to provide data in support of public-private policy development	N/A	100	100
# of consultations to public and private partners to support program evaluation activities	N/A	20	20

## Health & Human Support Services

# Health & Human Services

Richard J. Burton, M.D., M.P.H., Director

**Program Comments:** Rapid growth of Placer County will likely necessitate future additional staffing resources to meet legal mandates for recording vital events.

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## Emergency Preparedness Program

**Program Purpose:** To develop a comprehensive system of public-health preparedness to respond to naturally occurring disasters and to acts of terrorism (including disease outbreaks).

**Total Expenditures:** \$484,477

**Total Staffing:** 5.0

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- Key Intended Outcome:** Event specific protocols are in place.

Emergency Preparedness Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of emergency protocols developed/revised	N/A	5	5
# of Public Health preparedness drills and exercises conducted	N/A	4	4
#/% of HHS staff trained in Standardized Emergency Management System (SEMS) and/or emergency preparedness	N/A	61 / 7%	20 / N/A
# of HHS staff demonstrating proficiency in SEMS and/or emergency preparedness	N/A	N/A	30
# of stakeholders connected to and number trained on California Health Alert Network (CAHAN)	N/A	100	50
# of developed and maintained Strategic National Stockpile (SNS) preparedness programs	N/A	1	1
# of established and maintained periodic testing of the 24/7 Health Alert System	N/A	4	3

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**Program Comments:** Bio-terrorism (BT) funding has provided for completion of development of an infrastructure in the form of BT dedicated staff that are implementing state and federal guidelines for critical capacities and competencies. The capacities developed with BT funds are also assisting in county preparedness to deal with other emerging diseases such as West Nile Virus and SARS.

## Health & Human Support Services

# Health & Human Services

Richard J. Burton, M.D., M.P.H., Director

## ENVIRONMENTAL HEALTH FUND 100 / APPROPRIATION 42820

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	Actual 2002-03	Budget 2003-04	Requested 2004-05	Recommended 2004-05	Change %	Adopted 2004-05
<b>Expenditures</b>						
Salaries and Employee Benefits	\$ 2,523,332	\$ 2,988,342	\$ 3,243,733	\$ 3,230,496	8%	\$ -
Services and Supplies	409,614	436,377	470,538	456,786	5%	-
Other Financing Uses	-	-	32,000	32,000	100%	-
Intra Fund Charges	271,977	316,242	308,614	308,614	-2%	-
<b>Net Budget:</b>	<b>3,204,923</b>	<b>3,740,961</b>	<b>4,054,885</b>	<b>4,027,896</b>	<b>8%</b>	<b>-</b>
Intra Fund Credits	(17,049)	(54,271)	(55,539)	(55,539)	2%	-
<b>Net Budget:</b>	<b>\$ 3,187,874</b>	<b>\$ 3,686,690</b>	<b>\$ 3,999,346</b>	<b>\$ 3,972,357</b>	<b>8%</b>	<b>\$ -</b>
<b>Revenue</b>						
Licenses, Permits and Franchises	\$ 1,539,650	\$ 1,590,862	\$ 1,713,581	\$ 1,713,581	8%	\$ -
Intergovernmental Revenue	81,080	46,530	162,289	162,289	249%	-
Charges for Services	648,617	578,154	624,857	624,857	8%	-
Miscellaneous Revenue	26,950	6,000	6,486	6,486	8%	-
Other Financing Sources	112,470	130,000	130,000	130,000	0%	-
<b>Total Revenue:</b>	<b>2,408,767</b>	<b>2,351,546</b>	<b>2,637,213</b>	<b>2,637,213</b>	<b>12%</b>	<b>-</b>
<b>Net County Cost:</b>	<b>\$ 779,107</b>	<b>\$ 1,335,144</b>	<b>\$ 1,362,133</b>	<b>\$ 1,335,144</b>	<b>0%</b>	<b>\$ -</b>
Allocated Positions	41	41	41	41	0%	-

## CORE FUNCTION: ENVIRONMENTAL HEALTH

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### Consumer Protection Services Program

**Program Purpose:** To regulate community facilities through on-site inspections, complaint inspections, plan and construction review and education to satisfy the Health and Safety Code requirements in order to reduce the risk of disease and related injuries in community.

**Total Expenditures:** ~~\$1,799,973~~ **Total Staffing:** 18.20

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- **Key Intended Outcome:** Reduction of disease and injuries that are associated with substandard housing and with the use of regulated community facilities.

## Health & Human Support Services

# Health & Human Services

Richard J. Burton, M.D., M.P.H., Director

Consumer Protection Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of retail food facilities	1,265	1,329	1,393
# of routine food facility inspections	2,516	1,880	2,786
# red items recorded during routine food facility inspections (average)	N/A	N/A	N/A
# of mandatory re-inspections of retail food facilities	590	491	500
# of water recreation facilities	447	460	473
# of routine water recreation facility inspections	828	338	946
# red items recorded during routine water recreation facility inspections (average)	N/A	N/A	N/A
# of mandatory re-inspections of water recreation facilities	132	152	150
# of housing code complaints, % resolved within six months	350 / 70%	76 / 89%	350 / 70%

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**Program Comments:** The division targets two annual inspection of retail food facilities, three annual inspections of seasonal water recreation facilities, and five annual inspections of year-round water recreation facilities. Other crucial activities include training classes, plan review, complaint investigation, and enforcement re-inspections.

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## Land Use & Water Resources Program

**Program Purpose:** To regulate and consult with the public and other involved departments to assure that land use practices are planned and community facilities are designed and operated consistent with good environmental health practices in order to protect human health and the environment.

**Total Expenditures:** \$ 99,886

**Total Staffing:** 10.10

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- Key Intended Outcome:** Protection of public health, the environment and the community's quality of life.

Land Use & Water Resources Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of septic evaluation applications, % of site evaluations completed within three weeks of requested date of service	424	428 / 70%	428 / 70%
# / % of surface-water systems inspected at least annually	N/A	9 / 100%	9 / 100%
# / % of community water systems with groundwater supply inspected at least once every two years, as required by law	N/A	14 / 100%	14 / 100%
# / % of environmental-review applications reviewed within 30 days of application, as required by law	121 / N/A	152 / 99%	150 / 99%
# / % of use-permit applications where comments submitted to the Planning Department within 7 working days in advance of public hearing, as required by the County Code	115 / N/A	119 / 99%	115 / 99%
# / % of parcel-split applications where comments submitted to Planning Department at least three working days in advance of parcel review committee hearing, as required by the County Code	123 / N/A	147 / 99%	130 / 99%

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## Health & Human Support Services

# Health & Human Services

Richard J. Burton, M.D., M.P.H., Director

**Program Comments:** In addition to the processing of permits, the division is working with its advisory committee to update the on-site sewage regulation and develop a user-friendly on-site sewage manual. The division is the Local Primacy Agency (LPA) for regulation of specified public water systems.

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## Hazardous Materials & Solid Waste Program

**Program Purpose:** To regulate solid-waste facilities and teach businesses the proper handling of hazardous materials safely and in compliance with the requirements of state and federal regulations to protect human health and the environment.

**Total Expenditures:** \$1,256,025 **Total Staffing:** 12.70

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- Key Intended Outcome:** Ensure potable water supplies, aid decision-making in land-use applications, facilitate gradual elimination of substandard wells and assemble knowledge of groundwater quality and data.

Hazardous Materials & Solid Waste Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of Certified Unified Program Agency (CUPA) regulated facilities	620	664	708
# CUPA regulated facility inspections	204	390	500
#/% of monitoring-well permits issued that are receiving construction inspection	N/A	310 / 70%	310 / 70%
#/% of incident on-scene responses within two hours of request	177 / 100%	159 / 100%	160 / 100%
# of Local Enforcement Agency (LEA) regulated solid-waste facilities	N/A	50	50
# of LEA regulated solid-waste facility inspections	N/A	50	50

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**Program Comments:** As one of the two county CUPA (the other being Roseville) the division enforces the state health and safety code requirements for hazardous materials and waste handling, public notification in case of spills, and requirements for underground storage tank permitting and remediation. The division is implementing the California Accidental Release Program for highly hazardous material handlers. The division is an integral part of the County's incident response team. and is the Local Enforcement Agency (LEA) for Placer and El Dorado Counties.

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## Health & Human Support Services



# Health & Human Services

Richard J. Burton, M.D., M.P.H., Director

## DOMESTIC ANIMAL CONTROL FUND 100 / APPROPRIATION 22390

	Actual 2002-03	Budget 2003-04	Requested 2004-05	Recommended 2004-05	Change %	Adopted 2004-05
<b>Expenditures</b>						
Salaries and Employee Benefits	\$ 1,203,542	\$ 1,273,361	\$ 1,744,879	\$ 1,676,023	32%	\$ -
Services and Supplies	426,143	384,506	408,735	408,735	6%	-
Intra Fund Charges	124,388	153,338	147,951	147,951	-4%	-
<b>Gross Budget:</b>	<u>1,754,073</u>	<u>1,811,205</u>	<u>2,301,565</u>	<u>2,232,709</u>	23%	-
Intra Fund Credits	(32,775)	(35,000)	(35,000)	(35,000)	0%	-
<b>Net Budget:</b>	<u>\$ 1,721,298</u>	<u>\$ 1,776,205</u>	<u>\$ 2,266,565</u>	<u>\$ 2,197,709</u>	24%	<u>\$ -</u>
<b>Revenue</b>						
Licenses, Permits and Franchises	\$ 126,862	\$ 122,540	\$ 122,590	\$ 122,590	0%	\$ -
Intergovernmental Revenue	107,608	115,990	535,844	535,844	362%	-
Charges for Services	81,588	86,100	87,700	87,700	2%	-
Miscellaneous Revenue	41,644	45,500	45,500	45,500	0%	-
<b>Total Revenue:</b>	<u>357,702</u>	<u>370,130</u>	<u>791,634</u>	<u>791,634</u>	114%	-
<b>Net County Cost:</b>	<u>\$ 1,363,596</u>	<u>\$ 1,406,075</u>	<u>\$ 1,474,931</u>	<u>\$ 1,406,075</u>	0%	<u>\$ -</u>
Allocated Positions	24	24	24	24	0%	-

### CORE FUNCTION: DOMESTIC ANIMAL CONTROL

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#### Field Services Program

**Program Purpose:** To respond to, investigate and resolve citizen complaints and enforce state and local regulations in order to reduce risk from dangerous animals, animal-related nuisances and animal neglect and cruelty.

**Total Expenditures:** \$1,534,377 **Total Staffing:** 16.0

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- Key Intended Outcome:** Health and safety of Placer County residents and animals are protected.

Field Services Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
#/% of potentially dangerous animal complaints responded to within two hours	350 / N/A	385 / N/A	380 / N/A
# of animal quarantines overseen	550	475	500
#/% complaints resolved within 30 days	5,676 / N/A	5,960 / 90%	5,800 / 90%

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**Program Comments:** We are able to provide sufficient field service to address the many functions mandated by the County, State of California, and service requested by the public with our present field staff of seven animal control officers, supervisor and dispatcher; seven days a week/24 hours a day.

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### Health & Human Support Services

# Health & Human Services

Richard J. Burton, M.D., M.P.H., Director

## Animal Shelter Services Program

**Program Purpose:** To impound animals, promote an effective spay and neuter program for dogs and cats, assist residents in finding lost pets and promote adoptions of unclaimed animals in order to provide a safe and healthy environment for animals in the shelter.

**Total Expenditures:** \$~~767,188~~

**Total Staffing:** ~~8.0~~

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- **Key Intended Outcome:** Healthy animals are placed into caring homes, residents find their lost pets, and the population of unwanted pets is reduced.

Animal Shelter Services Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of dogs received at shelter	1,841	2,000	<u>1,900</u>
#/% of dogs adopted or rescued (not including owner euthanasia requests)	1,462 / 79%	1,700 / 85%	<u>1,500 / 85%</u>
# of cats received at shelter	1,794	2,350	<u>2,250</u>
#/% of cats adopted or rescued (not including owner euthanasia requests)	897 / 50%	1,175 / 50%	<u>1,100 / 50%</u>
# of other animal species received at shelter	285	300	<u>350</u>
#/% of other animal species adopted or rescued (not including owner euthanasia requests)	176 / 62%	195 / 65%	<u>245 / 65%</u>
# of calls received related to dead animal removal	1,728	1,990	<u>1,850</u>

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**Program Comments:** Because of a cooperative and aggressive effort by Animal Services and its adoption partners, we continue to experience an increase in adoptions, and a decrease in the number of animals euthanized overall. We have also seen a slight increase the number of surrendered dogs and cats being brought into the shelter, which could be contributed to the economy and the rapid growth of the County.

# Health & Human Services

Richard J. Burton, M.D., M.P.H., Director

## PROPRIETARY FUNDS

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### COMMUNITY CLINICS ENTERPRISE FUND FUND 230591 / APPROPRIATION 02950

	Actual 2002-03	Budget 2003-04	Requested 2004-05	Recommended 2004-05	Change %	Adopted 2004-05
<b>Operating Expenses</b>						
Salaries and Employee Benefits	\$ 3,715,570	\$ 3,614,035	\$ 4,506,849	\$ 3,420,866	-5%	\$ -
Services and Supplies	2,152,863	2,202,062	2,133,809	2,133,809	-3%	-
Other Charges	21,208	1,591	13,627	13,627	757%	-
Other Financing Uses	2,825	-	-	-	0%	-
Buildings & Improvements	-	10,000	-	-	-100%	-
<b>Total Operating Expenditures:</b>	<b>\$ 5,892,466</b>	<b>\$ 5,827,688</b>	<b>\$ 6,654,285</b>	<b>\$ 5,568,302</b>	<b>-4%</b>	<b>\$ -</b>
<b>Revenue</b>						
Revenue from Use of Money and Property	\$ -	\$ (8,158)	\$ -	\$ -	-100%	\$ -
Intergovernmental Revenue	1,846,298	1,979,818	2,024,981	2,024,981	2%	-
Charges for Services	453,079	484,973	484,973	484,973	0%	-
Miscellaneous Revenue	1,789,721	1,855,489	1,530,060	1,530,060	-18%	-
Other Financing Sources	1,682,963	1,528,288	1,528,288	1,528,288	0%	-
<b>Total Revenue:</b>	<b>5,772,061</b>	<b>5,840,410</b>	<b>5,568,302</b>	<b>5,568,302</b>	<b>-5%</b>	<b>-</b>
<b>Net Income (Loss)</b>	<b>\$ (120,405)</b>	<b>\$ 12,722</b>	<b>\$ (1,085,983)</b>	<b>\$ -</b>	<b>-100%</b>	<b>\$ -</b>
Allocated Positions	53	53	53	53	0%	-

## CORE FUNCTION: COMMUNITY CLINICS

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### Primary Care Program

**Program Purpose:** To provide primary medical care in an outpatient setting to Medically Indigent Adults (MIA), Medi-Cal beneficiaries, Medicare-eligible patients and others requiring health services in order to improve their access to healthcare.

**Total Expenditures:** \$3,137,256 **Total Staffing:** 26.0

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- **Key Intended Outcome:** County residents without other medical insurance will have access to healthcare.

Primary Care Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of primary-care visits at county clinics	15,620	16,208	16,208
# of prescriptions filled at county clinic pharmacy	14,469	21,210	21,210
#/% of <u>county</u> clinic patients utilizing <u>Sutter Hospital</u> emergency rooms	N/A	590 <u>N/A</u>	590 <u>N/A</u>
% of patient satisfaction surveys completed indicating satisfactory or above results	N/A	96%	96%

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## Health & Human Support Services

# Health & Human Services

Richard J. Burton, M.D., M.P.H., Director

**Program Comments:** Anticipated performance level for next fiscal year may be reduced from previous levels due to staffing levels.

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## Dental Care Program

**Program Purpose:** To provide dental services to MIAs, Medi-Cal beneficiaries and others covered by state programs in order to increase Placer County residents' access to dental care.

**Total Expenditures:** ~~\$710,011~~

**Total Staffing:** ~~5.0~~

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- **Key Intended Outcome:** Certain Placer County residents who would otherwise be unable to afford such care will have access to dental care.

Dental Care Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of dental visits provided at county clinics	4,837	4,494	4,670
% of non-emergency initial exams scheduled within six weeks	N/A	95%	95%
% of patient satisfaction surveys completed indicating satisfactory or above results	N/A	98%	98%

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**Program Comments:** Anticipated performance level for next fiscal year may be reduced from previous levels due to staffing levels.

## Preventative Care Program

**Program Purpose:** To provide Child Health and Disability Prevention (CHDP) screening, family planning and communicable disease prevention services in order to improve the health and well-being of the target population(s).

**Total Expenditures:** ~~\$2,807,018~~

**Total Staffing:** ~~22.0~~

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- **Key Intended Outcome:** Preventative care services are available to the target populations.

Preventative Care Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of CHDP physicals provided	2,427	2,306	2,800
# of family planning/communicable disease visits	6,432	4,794	5,200
% of patient satisfaction surveys completed indicating satisfactory or above results	N/A	95%	95%

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**Program Comments:** Anticipated performance level for next fiscal year may be reduced from previous levels due to staffing levels.

## Health & Human Support Services

# Health & Human Services

Richard J. Burton, M.D., M.P.H., Director

## MANAGED CARE SYSTEMS ENTERPRISE FUND FUND 230590 / APPROPRIATION 02970

	Actual 2002-03	Budget 2003-04	Requested 2004-05	Recommended 2004-05	Change %	Adopted 2004-05
<b>Operating Expenses</b>						
Salaries and Employee Benefits	\$ 1,906,886	\$ 2,220,193	\$ 2,440,575	\$ 2,372,516	7%	\$ -
Services and Supplies	607,267	560,110	450,221	450,221	-20%	-
Other Charges	4,366,852	1,678,298	1,397,124	1,397,124	-17%	-
<b>Total Operating Expenditures:</b>	<b>\$ 6,881,005</b>	<b>\$ 4,458,601</b>	<b>\$ 4,287,920</b>	<b>\$ 4,219,861</b>	<b>-5%</b>	<b>\$ -</b>
<b>Revenue</b>						
Fines, Forfeits and Penalties	\$ 228,760	\$ 31,608	\$ 33,500	\$ 33,500	6%	\$ -
Intergovernmental Revenue	2,089,500	1,676,157	1,438,461	1,438,461	-14%	-
Charges for Services	239,556	199,000	205,655	205,655	3%	-
Miscellaneous Revenue	78,697	84,591	-	-	-100%	-
Other Financing Sources	3,840,538	2,466,745	2,541,745	2,541,745	3%	-
Special Items	40	500	500	500	0%	-
<b>Total Revenue:</b>	<b>6,477,091</b>	<b>4,458,601</b>	<b>4,219,861</b>	<b>4,219,861</b>	<b>-5%</b>	<b>-</b>
<b>Net Income (Loss)</b>	<b>\$ (403,914)</b>	<b>\$ -</b>	<b>\$ (68,059)</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>
Allocated Positions	40	36	36	36	0%	-

Note: In FY 2003-04 the appropriation for Children's Medical Services Fund 230590 (# 02940) was consolidated into the Managed Care Systems budget. The 2002-03 figures include Children's Medical Services for comparison purposes.

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## CORE FUNCTION: MANAGED CARE SYSTEMS

### Medically Indigent Adult (MIA) Program

**Program Purpose:** To provide a managed-care, health-delivery program that pays for treatment for certain low-income Placer County residents who do not qualify for other medical insurance; and provide payment for medically necessary follow up treatment for Placer County CHDP children who do not qualify for other medical insurance in order to provide increased access to medical insurance.

**Total Expenditures:** \$ 1,205,675

**Total Staffing:** 10.0

- Key Intended Outcome:** Placer County MIAs and CHDP treatment program children will have access to medical care.

## Health & Human Support Services

## Health & Human Services

Richard J. Burton, M.D., M.P.H., Director

MIA Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of adults and children qualifying for MIA/CHDP program	12,829	11,336	11,336
# of clinic visits paid by MIA/CHDP program	9,864	8,410	8,410
# of days to pay a claim (average)	30	34	34
# of days to respond to a grievance/appeal request (average)	N/A	25	30
% of enrollee satisfaction surveys completed indicating overall satisfactory results	N/A	75%	75%

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**Program Comments:** Anticipated performance level for next fiscal year may be reduced from previous levels due to staffing levels.

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### Medi-Cal Patient Accessibility Program

**Program Purpose:** To link Placer County Medi-Cal beneficiaries to a primary-care provider and regular medical services in a cost effective manner that emphasizes health-maintenance and preventative care.

**Program Comments:** Due to budget restrictions, this program was eliminated at both the state and county levels.

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<#>**Key Intended Outcome:** Access to healthcare for Placer County Medi-Cal beneficiaries is increased.¶

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Medi-Cal Patient Accessibility Indicators: ... [188]

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### Children's Medical Services Program

**Program Purpose:** To provide financing for and assist in arranging specialized medical care and allied services for children with certain physical limitations and diseases, in accordance with Section 265 of the Health and Safety Code; to prevent disease and improve the health of children and infants; and to detect and treat potential health problems of Medi-Cal-eligible individuals and families through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

**Total Expenditures:** \$ 3,014,186

**Total Staffing:** 25.0

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- Key Intended Outcome:** Access to preventative and specialized medical care and therapy for eligible children is increased.

Children's Medical Services Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of CHDP health assessments reviewed	9,383	9,744	9,000
# of CHDP children assisted in accessing necessary healthcare	1,610	1,656	1,600
% of CHDP provider locations where a program quality assurance site visit was due and completed	N/A	75%	80%
# of children whose cases were coordinated between CHDP and behavioral health managed care to address behavioral health needs	25	28	26

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## Health & Human Support Services

# Health & Human Services

Richard J. Burton, M.D., M.P.H., Director

# of children provided California Children's Services (CCS)	620	655	655
% increase in active CCS child cases	3%	6%	6%
# of CCS-eligible children needing physical therapy (PT) and occupational therapy (OT)	153	166	166
% of CCS-eligible children who need PT and OT, who receive PT and OT services	88%	96%	95%
% of CCS-eligible children linked to a primary care provider	81%	92%	93%

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**Program Comments:** Anticipated performance level for next fiscal year may be reduced from previous levels due to staffing levels. Comprehensiveness of case reviews and coordination will also change as a result of decreased clinical nursing staff. Some indicators reflect actual eligible cases that must be served per Health and Safety Code despite staffing levels.

## ADMINISTRATION & SUPPORT FUND 100 / APPROPRIATION 42000

	Actual 2002-03	Budget 2003-04	Requested 2004-05	Recommended 2004-05	Change %	Adopted 2004-05
<b>Expenditures</b>						
Salaries and Employee Benefits	\$ 4,349,651	\$ 4,391,004	\$ 4,818,095	\$ 4,540,520	3%	\$ -
Services and Supplies	556,367	469,450	738,793	463,249	-1%	-
Capital Assets	-	60,000	-	-	-100%	-
Intra Fund Charges	503,602	657,502	679,084	679,084	3%	-
<b>Gross Budget:</b>	5,409,620	5,577,956	6,235,972	5,682,853	2%	-
Intra Fund Credits	(4,626,776)	(4,789,614)	(5,224,530)	(4,725,672)	-1%	-
<b>Net Budget:</b>	\$ 782,844	\$ 788,342	\$ 1,011,442	\$ 957,181	21%	\$ -
<b>Revenue</b>						
Intergovernmental Revenue	\$ -	\$ 50,000	\$ 100,000	\$ 100,000	100%	\$ -
Charges for Services	559,737	527,836	566,038	511,777	-3%	-
Miscellaneous Revenue	10,000	30,000	-	-	-100%	-
Other Financing Sources	163,102	180,506	245,404	245,404	36%	-
<b>Total Revenue:</b>	732,839	788,342	911,442	857,181	9%	-
<b>Net County Cost:</b>	\$ 50,005	\$ -	\$ 100,000	\$ 100,000	100%	\$ -
Allocated Positions	60	58	58	58	0%	-

Note: In FY 2003-04 the appropriation for HHS-MIS (# 42850) was consolidated into the Administration and Support budget. The actual 2001-02 and budget 2002-03 figures include HHS-MIS for comparison purposes.

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**Program Purpose:** To provide the overall administrative, fiscal, contract, and personnel management to the department; to increase accountability and maximize revenues; and to provide management-information-system development and support. Costs incurred in this appropriation unit are transferred to HHS Core Functions as follows:

## Health & Human Support Services



# Health & Human Services

Richard J. Burton, M.D., M.P.H., Director

## Allocation of Administration and Support Expenditure Budget

	Amount	Percent
Adult Systems of Care	\$ <u>688,327</u>	<u>11</u>
Children's System of Care	<u>1,111,760</u>	<u>18</u>
Community Health	<u>458,241</u>	<u>8</u>
Domestic Animal Control	<u>101,945</u>	<u>1</u>
Environmental Health	<u>268,959</u>	<u>4</u>
Human Services	<u>2,516,727</u>	<u>41</u>
Housing Assistance Services	<u>25,257</u>	<u>0</u>
Community Clinics (Enterprise Fund)	<u>331,291</u>	<u>5</u>
Managed Care (Enterprise Fund)	<u>222,762</u>	<u>4</u>
Other	<u>510,702</u>	<u>8</u>
<b>Total:</b>	<b>\$ <u>6,235,972</u></b>	<b>100%</b>

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the County Executive's Office

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through the Placer Collaborative Network

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was done in order to reduce

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treat persons more quickly

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These goals are being met.

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Teams were changed to brief services,

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and were designed to be evidenced-based to achieve the maximum success with limited resources. This re-design was expected to triage persons who could be managed successfully in the community and to provide more intense services for those who needed it.

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Began a coordinated effort to move persons reaching a level of stability from services with psychiatrists to services through a primary care physician in Community Clinics.

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In response to ever increasing federal mandates, the division developed the required compliance plan and team; a code of conduct; training for all staff; and new processes to audit and monitor the system against fraud and abuse. However, these new federal requirements consistently require the redirection of staff away from client service to meet federal administrative requirements.

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As a part of collaborative, effort began a review of the Proposition 36 Program design and effectiveness. The collaborative team brought together a senior management group that was successful in agreeing on core principles that will be implemented in a participatory process with staff.

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Began the implementation of federal managed care requirements for mental health services.

This included the development of a compliance plan and team; a code of conduct; training for all staff; and new processes to audit and monitor the system against fraud and abuse. However, these new federal requirements require additional administrative time at the expense of time that would otherwise be used to provide services.

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migrated mental health billings from the Yolo System to Avatar and have Automated the ACCESS intake process. Although behind initial implementation schedule, Avatar is

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gather statistics, review performance

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successfully bill all insurance options.

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Labor negotiations began successfully and timely and as required by the State of California

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Significantly strengthened our partnership with Juvenile Probation with the leadership of the new Chief Probation Officer.

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Maximized the provision of rental assistance to low-income families		
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achieving a 100% utilization of Section 8 housing funds.		
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Performed a community health assessment to guide maternal and child health policy and program development		
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A countywide mass casualty drill was also completed this fiscal year.		
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Implemented fiscal tracking at program level (unclear about what/why)

Effectively met objectives in land use despite a supervisory staff shortage.

Developed a plan for West Nile Virus surveillance (worth a bit of expansion?)

Implemented PLUS (Placer County Land Use Tracking System), which will...?

Implemented California Accidental Release Prevention (Cal ARP) Program, which will...?

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in-house

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Implemented feral cat program (secret midnight feedings at Dewitt or ?)

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by improving the effectiveness and adherence to the Formulary

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Improved

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measured by average number of exams per hour.

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increased the level of care and improved the efficiency in managing County patients hospitalized at

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through a contract to provide

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(first of its kind in Placer County).

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Developed and implemented quarterly Quality Assurance program with provider staff at both the Auburn and Kings Beach clinics.

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Redesigned and implemented a new charting system, which increased medical records security and improved the clinic efficiency .

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In conjunction with the Placer Care Coalition, established a volunteer base to assist in the care of Roseville M.I.A. patients.

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Upgraded Roseville clinic equipment with funding from Kaiser and the Placer Care Coalition.

Family planning patient survey found 98% satisfied with care, wait times, and location of services.

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program

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. Children were enrolled

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, due to

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Though providing treatment to more children, the CCS Medical Therapy Unit decreased the number of children on a waiting list.

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manage programs and budgets within BOS and CEO direction and funding levels

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Continue to work on the issue of homelessness in collaboration with partner agencies and concerned citizens. The Board directed the department to work with the community in developing solutions to address the core issues and establish cost effective alternatives for Placer County.

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Transition/strategic planning?

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Continue to provide HHS services in a comprehensive, integrated and family centered manner as affirmed by HHS Policy Team and CEO.

Reduce leased facilities and consolidat

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Relocate Managed Care staff from Nevada Street to Dewitt; move HHS Administration from Enterprise to Nevada Street; relocate staff in Penryn to Roseville; consider other possible options.

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, including an on-going compliance review in order to audit and monitor the system against fraud and abuse

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Continue the implementation of Avatar, the new MIS system for Behavioral Health and Health services to

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Counties

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Hold on to what we got!!! Surviving the State budget deficit!!

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Increase the capacity and capability of the Public Health Laboratory through attaining Level B status

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and securing additional state/federal funding to further support identification of emerging infectious disease and bioterrorism agents.

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Implement OM&M program.

Refine and update On-Site Sewage Manual

Complete implementation of the FDA voluntary retail food facility standards

Implement West Nile Virus surveillance program

Complete implementation of Cal ARP

Develop, train, and implement a comprehensive set of CUPA policies and procedures

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Negotiate and execute new city contracts to accurately reflect actual costs of services and to assure adequate funding of animal service programs

Continue to explore a partnership for new shelter with SPCA

Revise the animal rescue group adoption procedures and policies

Upgrade data management from PetWhere to a newer program (do we have this in the budget?)

Implement with the Friends an annual awards presentation

Develop a training library of videos, books, etc.

Reopen Overnight Receiving

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twenty million

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the County Executive Office

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, assuming the budget is approved at the Base level and a county general fund contribution of 20 million dollars.

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commitment to HHS by re-budgeting HHS' FY 2003/04 savings (currently estimated to be \$1.5 million) or through the use of the

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Trust Fund Reserve Account.

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or re-negotiating employee contracts relating to salary and benefit costs.

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As a high priority for the Board and CEO, HH

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solutions to address this population's needs.

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departments,

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currently participating with the community in the development of a

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An RFP will be released to obtain an architect for this project.

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**Key Intended Outcome:** Access to healthcare for Placer County Medi-Cal beneficiaries is increased.

Medi-Cal Patient Accessibility Indicators:	Actual 2002-03	Projected 2003-04	Target 2004-05
# of Placer County Medi-Cal beneficiaries	9,000	N/A	N/A
#/% of Placer County Medi-Cal beneficiaries assisted	N/A	N/A	N/A
% of assisted Medi-Cal population utilizing Placer County Sutter Hospital emergency rooms	N/A	N/A	N/A
% of beneficiary satisfaction surveys completed indicating satisfactory or above results	90%	N/A	N/A